| B1 (Official   | Form 1)(4/   | 10)  |   |   |  |                                       |   |  |  |                  |                                   |                      |
|--|--|--|---|---|--|---------------------------------------|---|--|--|------------------|-----------------------------------|----------------------|
|  |  |  | United S<br>e District  |   |  |                                       |   |  |  |                  | Voluntary                         | Petition             |
|  | Debtor (if ind<br>Thomas I   |  | er Last, First,   | Middle):  |  |                                       | Name  | of Joint De  | ebtor (Spouse  | e) (Last, First, | Middle):                          |                      |
|  | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): |  |   |   |  |                                       |   | Joint Debtor i<br>trade names)   | n the last 8 years   |                  |                                   |                      |
| Last four di   | ne, state all)   | Sec. or Indi   | vidual-Taxpa  | yer I.D. (  | ITIN) No./0  | Complete E                            | IN Last f   | our digits o   | f Soc. Sec. or   | r Individual-T   | Caxpayer I.D. (ITIN) No           | o./Complete EIN      |
| Street Addr  | ress of Debto  |  | Street, City, a   | and State)  | :  | ZIP Code                              |   | Address of   | Joint Debtor   | (No. and Str     | eet, City, and State):            | ZIP Code             |
| County of F  |  | of the Princ   | cipal Place of  | f Business  |  | 27705                                 |   | y of Reside  | ence or of the   | Principal Pla    | ace of Business:                  | Zii Code             |
| Mailing Ad   | ddress of Deb  | otor (if diffe   | rent from stre  | eet addres  | s):  |                                       | Mailir  | ng Address   | of Joint Debt  | tor (if differer | nt from street address):          |                      |
|  |  |  |   |   | Г  | ZIP Code                              | <del>:</del>  |  |  |                  |                                   | ZIP Code             |
|  | f Principal A<br>t from street   |  | siness Debtor<br>ve):   |   |  |                                       |   |  |  |                  |                                   |                      |
| Type of Debtor (Form of Organization) (Check one box)  ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) |  |  | Sing in 1 Raili Stoce Com Clea  | (Check Ith Care Bu tle Asset Ro I U.S.C. § road kbroker nmodity Bro tring Bank er Tax-Exe | eal Estate a 101 (51B)  bker  mpt Entity , if applicable exempt orgoif the Unite | s defined  7 le) ganization dd States | defined<br>"incurr  | the later 7 er 9 er 11 er 12 er 13 are primarily codd in 11 U.S.C. 3 ered by an indivi | Petition is Fill  Ch of Ch of Ch of  Nature (Check consumer debts,                               | busine           | ecognition<br>eding<br>ecognition |                      |
| ☐ Filing Fe attach sig debtor is Form 3A   | ng Fee attache ee to be paid in gned application s unable to pay A. ee waiver requ                 | d in installments on for the cour fee except in ested (applica | heck one box (applicable to nt's considerati n installments. I able to chapter nt's considerati | individuals<br>on certifyi<br>Rule 1006(<br>7 individua                                   | ng that the b). See Office als only). Mu   | ial Check Check Check BB.             | Debtor is not<br>if:<br>Debtor's agg<br>are less than<br>all applicabl<br>A plan is bein<br>Acceptances | a small busing regate nonco \$2,343,300 (a) to boxes:  ng filed with of the plan w     | debtor as definess debtor as debtor as debtor as dentingent liquid amount subject this petition. | ated debts (exc  |                                   | e years thereafter). |
| ☐ Debtor of Debtor of  | estimates tha  | at funds will<br>at, after any                                 | ation be available exempt propfor distributi  | erty is exc   | cluded and   | administra                            |   | es paid,   |  | THIS             | SPACE IS FOR COURT                | USE ONLY             |
| Estimated N  | Number of C  | reditors  100- 199   | 200-  | 1,000-<br>5,000   | 5,001-<br>10,000   | 10,001-<br>25,000                     | 25,001-<br>50,000   | 50,001-<br>100,000   | OVER 100,000   |                  |                                   |                      |
| Estimated A  \$0 to \$50,000   | \$50,001 to<br>\$100,000   | \$100,001 to<br>\$500,000                                      | \$500,001<br>to \$1   | \$1,000,001<br>to \$10<br>million   | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100<br>million   | \$100,000,001<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion  |  |                  |                                   |                      |
| Estimated L \$0 to \$50,000  | Liabilities  \$50,001 to \$100,000   | \$100,001 to<br>\$500,000                                      | \$500,001<br>to \$1   | \$1,000,001<br>to \$10<br>million 0.4   | \$10,000,001<br>to \$50  | \$50,000,001<br>to \$100              | \$100,000,001<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion  |  |                  |                                   |                      |

age

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Hearn, Thomas Eugene (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Case Number: Location Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition.  $\mathbf{X}$  /s/ for John T. Orcutt July 30, 2010 Signature of Attorney for Debtor(s) (Date) for John T. Orcutt #10212 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(4/10)

### **Voluntary Petition**

(This page must be completed and filed in every case)

### Name of Debtor(s):

### Hearn, Thomas Eugene

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Thomas Eugene Hearn

Signature of Debtor Thomas Eugene Hearn

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

July 30, 2010

Date

### Signature of Attorney\*

### X /s/ for John T. Orcutt

Signature of Attorney for Debtor(s)

#### for John T. Orcutt #10212

Printed Name of Attorney for Debtor(s)

### The Law Offices of John T. Orcutt, PC

Firm Name

6616-203 Six Forks Road Raleigh, NC 27615

Address

### Email: postlegal@johnorcutt.com (919) 847-9750 Fax: (919) 847-3439

Telephone Number

July 30, 2010

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signatures Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

v

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

### **United States Bankruptcy Court** Middle District of North Carolina (NC Exemptions)

| In re | Thomas Eugene Hearn |        | Case No. |   |  |
|-------|---------------------|--------|----------|---|--|
|       |                     | Debtor |          |   |  |
|       |                     |        | Chapter  | 7 |  |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 69,741.50         |             |          |
| B - Personal Property   | Yes                  | 9                | 70,446.33         |             |          |
| C - Property Claimed as Exempt  | No                   | 0                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 101,744.00  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 3                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 4                |                   | 68,956.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 3                |                   |             | 3,240.20 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 3,290.72 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 25               |                   |             |          |
|   | T                    | otal Assets      | 140,187.83        |             |          |
|   |                      | l                | Total Liabilities | 170,700.00  |          |

# **United States Bankruptcy Court**

| Middle District of North Car  | olina (NC Exemption   | s)                  |                         |
|---|---|---------------------|-------------------------|
| Thomas Eugene Hearn   | (   | Case No             |                         |
| D   | rebtor (  | Chapter             | 7                       |
| STATISTICAL SUMMARY OF CERTAIN LIA  f you are an individual debtor whose debts are primarily consumer de case under chapter 7, 11 or 13, you must report all information reque  Check this box if you are an individual debtor whose debts are report any information here.  This information is for statistical purposes only under 28 U.S.C. § Summarize the following types of liabilities, as reported in the Sch | bts, as defined in § 101(8) of sted below.  NOT primarily consumer de | of the Bankruptcy ( | Code (11 U.S.C.§ 101(8) |
| Type of Liability   | Amount  | ]                   |                         |
| Domestic Support Obligations (from Schedule E)  | 0.00  | ]                   |                         |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00  | ]                   |                         |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)   | 0.00  | ]                   |                         |
| Student Loan Obligations (from Schedule F)  | 0.00  |                     |                         |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E  | 0.00  |                     |                         |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)   | 0.00  |                     |                         |
| TOTAL   | 0.00  |                     |                         |
| State the following:  |   | _                   |                         |
| Average Income (from Schedule I, Line 16)   | 3,240.20  |                     |                         |
| Average Expenses (from Schedule J, Line 18)   | 3,290.72  |                     |                         |
| Current Monthly Income (from Form 22A Line 12; OR,<br>Form 22B Line 11; OR, Form 22C Line 20)   | 4,825.70  |                     |                         |
| State the following:  |   |                     |                         |
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column   |   |                     | 0.00                    |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column  | 0.00  |                     |                         |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column  |   |                     | 0.00                    |
| 4. Total from Schedule F  |   |                     | 68,956.00               |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)  |   |                     | 68,956.00               |

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

### UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)

### NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

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B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)**

| In re Thomas Eugene Hearn   |   | Case No.                               |
|---|---|--|
| <del></del>   | Debtor(s)   | Chapter <b>7</b>                       |
|   | ON OF NOTICE TO CONSUM<br>§ 342(b) OF THE BANKRUPT                  |  |
| I hereby certify that I delivered to the  | Certification of Attorney e debtor this notice required by § 342(b) | of the Bankruptcy Code.                |
| for John T. Orcutt #10212   | X /s/ for John T.   | Orcutt July 30, 2010                   |
| Printed Name of Attorney<br>Address:<br>6616-203 Six Forks Road<br>Raleigh, NC 27615<br>919) 847-9750<br>postlegal@johnorcutt.com | Signature of A  | ttorney Date                           |
|   | Certification of Debtor   |  |
| I (We), the debtor(s), affirm that I (was ankruptcy Code.   | ve) have received and read the attached                             | notice, as required by § 342(b) of the |
| Thomas Eugene Hearn   | $\chi$ /s/ Thomas E   | igene Hearn July 30, 2010              |
| Printed Name(s) of Debtor(s)  | Signature of D  | ebtor Date                             |
| Case No. (if known)   | X   |  |
|   | Signature of Id   | oint Debtor (if any) Date              |

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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# United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

| In re       | Thomas Eugene Hearn  |   | Case N                                 | lo  |                           |  |  |
|-------------|--|---|--|---|---------------------------|--|--|
|             |  | Debtor(s)   | Chapte                                 | er <u>7</u>                                 |                           |  |  |
|             | DISCLOSURE OF COMP   | PENSATION OF ATTOI  | RNEY FOR                               | DEBTOR(S)                                   |                           |  |  |
| C           | compensation paid to me within one year before the   | nant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named depensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services undered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |  |   |                           |  |  |
|             | For legal services, I have agreed to accept  |   | \$ <u></u>                             | 1,190.00                                    |                           |  |  |
|             | Prior to the filing of this statement I have receive   |   |  | 1,190.00                                    |                           |  |  |
|             | Balance Due  |   |  | 0.00  |                           |  |  |
| 2. \$       | <b>299.00</b> of the filing fee has been paid.   |   |  |   |                           |  |  |
| 3. 7        | The source of the compensation paid to me was:   |   |  |   |                           |  |  |
|             | ■ Debtor □ Other (specify):  |   |  |   |                           |  |  |
| l. 7        | The source of compensation to be paid to me is:  |   |  |   |                           |  |  |
|             | ■ Debtor □ Other (specify):  |   |  |   |                           |  |  |
| 5.          | ■ I have not agreed to share the above-disclosed confirm.  | ompensation with any other persor   | ı unless they are ı                    | members and associate                       | s of my law               |  |  |
|             | ☐ I have agreed to share the above-disclosed comp<br>copy of the agreement, together with a list of the  |   |  |   | ny law firm. A            |  |  |
| <b>5.</b> ] | In return for the above-disclosed fee, I have agreed   | to render legal service for all aspec   | cts of the bankrup                     | tcy case, including:                        |                           |  |  |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and representation and filing of any petition, schedules,</li> <li>Representation of the debtor at the meeting of credition.</li> <li>[Other provisions as needed]</li> <li>Exemption planning, Means Test plancontract or required by Bankruptcy (contract)</li> </ul> | statement of affairs and plan whice<br>editors and confirmation hearing, a<br>nning, and other items if spe   | ch may be require<br>and any adjourned | d;<br>d hearings thereof;                   |                           |  |  |
| 7. I        | By agreement with the debtor(s), the above-disclose Representation of the debtors in any adversary proceedings, dismissal mexcluded by Bankruptcy Court local  | dischareability actions, judiotions, and any other items of   | cial lien avoida                       | nces, relief from s<br>orney/client fee cor | tay motions,<br>atract or |  |  |
|             | Fee also collected, where applicable each, Judgment Search: \$10 each, C Class Certification: Usually \$8 each, Class: \$10 per session, or paralegal  | redit Counseling Certification Use of computers for Credit  | n: Usually \$34<br>Counseling br       | per case, Financial<br>iefing or Financial  | Management<br>Managment   |  |  |
|             |  | CERTIFICATION   |  |   |                           |  |  |
|             | certify that the foregoing is a complete statement of ankruptcy proceeding.  | f any agreement or arrangement for  | or payment to me                       | for representation of th                    | ne debtor(s) in           |  |  |
| Dated       | i: July 30, 2010   | /s/ for John T. Oı  | rcutt                                  |   |                           |  |  |
|             |  | for John T. Orcu  | tt #10212                              |   |                           |  |  |
|             |  | The Law Offices<br>6616-203 Six For   |  | utt, PC                                     |                           |  |  |
|             |  | Raleigh, NC 2761  |  |   |                           |  |  |
|             |  | (919) 847-9750 I  | Fax: (919) 847-3                       | 3439  |                           |  |  |
|             |  | postlegal@johno   | rcutt.com                              |   |                           |  |  |

B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

| In re | Thomas Eugene Hearn |           | Case No. |   |
|-------|---------------------|-----------|----------|---|
|       |                     | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.] \_\_\_\_

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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Best Case Bankruptcy

| = 4 T   | 1. 1 . 6. 1   |
|---|---|
| •   | inseling briefing because of: [Check the applicable         |
| statement.] [Must be accompanied by a motion for a    | · -   |
| ☐ Incapacity. (Defined in 11 U.S.C. §                 | 109(h)(4) as impaired by reason of mental illness or mental |
| deficiency so as to be incapable of realizing an      | nd making rational decisions with respect to financial      |
| responsibilities.);                                   |   |
| ☐ Disability. (Defined in 11 U.S.C. §                 | 109(h)(4) as physically impaired to the extent of being     |
| • ,   | in a credit counseling briefing in person, by telephone, or |
| through the Internet.);                               | u,,,,   |
| ☐ Active military duty in a military co               | ambat zone  |
| Therive limitary duty in a limitary co                | militat zone.   |
| ☐ 5. The United States trustee or bankruptcy          | administrator has determined that the credit counseling     |
| requirement of 11 U.S.C. § 109(h) does not apply in   | 9   |
| requirement of 11 clisics, § 105(n) does not apply in |   |
| I certify under penalty of perjury that the           | information provided above is true and correct.             |
|   | •   |
| Signature of Debtor:                                  | /s/ Thomas Eugene Hearn                                     |
|   | Thomas Eugene Hearn   |
| Date: July 30, 2010                                   |   |
|   |   |

| In re | Thomas Eugene Hearn | Case No. |  |
|-------|---------------------|----------|--|
| _     |                     |          |  |
|       |                     | Debtor   |  |

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Joint, or Nature of Debtor's Amount of Description and Location of Property Property, without Interest in Property Secured Claim Deducting any Secured Claim or Exemption Community 69,741.50 **House and Land** Tenancy by the Entirety J 101,744.00

1203 Berkely Street Durham, NC 27705

Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV unless otherwise noted.

> (Total of this page) Sub-Total > 69,741.50

69,741.50 Total >

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

Filed 07/30/10 Page 12 of 61

| In re | Thomas Eugene Hearn | Case No. |  |
|-------|---------------------|----------|--|
| _     | <u> </u>            | ,        |  |
|       |                     | Debtor   |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property   | N O N Description and Location of Proper E  | Joint, Or                        | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|----|--|---|----------------------------------|--|
| 1. | Cash on hand   | Cash On Hand  | -                                | 50.00  |
| 2. |  | Savings Acount  | J                                | 1,030.00   |
|    | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or | SunTrust Bank<br>Debtor shares interest w/spouse<br>Total Value: \$2,060.00               |                                  |  |
|    | cooperatives.  | CD  | J                                | 2,500.00   |
|    |  | SunTrust Bank<br>Debtor shares interest w/spouse<br>Total Value: \$5,000.00               |                                  |  |
|    |  | Savings Account   | J                                | 200.00   |
|    |  | State Employees' Credit Union<br>Debtor shares interest w/spouse<br>Total Value: \$400.00 |                                  |  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.   | x   |                                  |  |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.   | Household Goods and Furnishings   | -                                | 4,007.00   |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   | x   |                                  |  |
| 6. | Wearing apparel.   | Clothing  | -                                | 795.00   |
| 7. | Furs and jewelry.  | X   |                                  |  |
| 8. | Firearms and sports, photographic, and other hobby equipment.  | X   |                                  |  |
|    |  |   | Sub-Tota<br>(Total of this page) | al > <b>8,582.00</b>   |

3 continuation sheets attached to the Schedule of Personal Property

| In ro | <b>Thomas</b> | Eugono | Hoore |
|-------|---------------|--------|-------|
| In re | inomas        | ⊏ugene | пеап  |

| Case No. |
|----------|
|          |

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 9.  | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | X                |   |   |   |
| 10. | Annuities. Itemize and name each issuer.  | X                |   |   |   |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or  |                  | 457(b)  | -   | 7,063.56  |
|     | other pension or profit sharing plans. Give particulars.  |                  | Prudential<br>Account Number: SS#<br>Balance as of 03/31/2010: \$7,063.56<br>ERISA Qualified                                      |   |   |
|     |   |                  | 401(k)  | -   | 2,985.04  |
|     |   |                  | Prudential Account Number: SS# Account Balance as of 03/31/10: \$5,178.04 Loan Balance as of 03/31/10: \$2,193.00 ERISA Qualified |   |   |
|     |   |                  | Mandatory Retirement  | -   | 51,235.73   |
|     |   |                  | North Carolina Retirement System<br>Account Number: SS#<br>Account Balance as of 07/21/2010: \$51,235.73                          |   |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |   |   |
| 1.0 | Accounts receivable.  | Х                |   |   |   |

61,284.33 Sub-Total > (Total of this page)

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

| n re  | <b>Thomas</b> | Fugene | Hearr |
|-------|---------------|--------|-------|
| 11 16 | HIIOHIAS      | Lugene | пеан  |

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--|---|---|
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |  |   |   |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |  |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |  |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | Automobile<br>1991 Buick Century<br>VIN: 3G4AH54N2MS626546<br>Insurance Policy: Nationwide - 6132J709931<br>Mileage: 200,176 | -   | 380.00  |
|     |   |                  |  |   |   |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

380.00

Sub-Total >

(Total of this page)

| ln re | <b>Thomas</b> | Eugene | Hearr |
|-------|---------------|--------|-------|
|       |               |        |       |

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|        | Type of Property  | N O Description and Location of Property E  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--------|---|---|---|---|
|        |   | Automobile<br>1989 Ford Ranger<br>VIN: 1FTBR10A8HUA96<br>Insurance Policy: Nationwide - 6132J709931<br>Mileage: 300,011 | -   | 200.00  |
| 26. B  | oats, motors, and accessories.                                | x   |   |   |
| 27. A  | ircraft and accessories.                                      | x   |   |   |
|        | office equipment, furnishings, and applies.                   | x   |   |   |
|        | fachinery, fixtures, equipment, and upplies used in business. | x   |   |   |
| 30. In | nventory.   | x   |   |   |
| 31. A  | nimals.   | x   |   |   |
|        | rops - growing or harvested. Give articulars.                 | x   |   |   |
|        | arming equipment and inplements.                              | x   |   |   |
| 34. F  | arm supplies, chemicals, and feed.                            | x   |   |   |
|        | Other personal property of any kind                           | Possible Claim Against Persels & Associates, LLC  | <b>).</b> -                                 | 0.00  |
| ne     | ot already listed. Itemize.                                   | Possible Consumer Rights Claim(s) Subject to Approval of Settlement/Award by Bankruptcy Court                           | -   | Unknown   |

Sub-Total > 200.00 (Total of this page)

Total > 70,446.33

### UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA DURHAM DIVISION

| In Re: Thomas E. Hearn, Sr   | ·  |   | Case No.   |   | _  |
|--|--|---|--|---|--|
| Social Security No.: xxx-xx-0217<br>Address: 1203 Berkely Street, Durham,  |  | ebtor.  |  | Form 91C (r   | rev. 12/20/09)   |
| DE   | BTOR'S CLAI  | M FOR I   | PROPERTY EX  | KEMPTIONS   |  |
| The undersigned Debtor hereby c<br>Carolina General Statues, and not   |  |   | npt pursuant to 11 U.S.  | C. Sections 522(b)(3)(A),(  | (B), and (C), the North  |
| 1. RESIDENCE EXEMPTION Each debtor can retain an agg Const. Article X, Section 2)(S  | regate interest in such p  |   |  |   |  |
| Description of<br>Property & Address   | Market<br>Value  |   | gage Holder or<br>.ien Holder  | Amount of<br>Mortgage or Lien   | Net<br>Value   |
| House and Land<br>1203 Berkeley Street<br>Durham, NC 27705<br>Debtor owns 1/2 Interest   | \$139,483.00   | RoundPoint<br>AmeriNatio                          |  | 80,096.00<br>+21,648.00<br>101,744.00   | 37,739.00<br>1/2 interest<br>=\$18,869.50  |
|  |  |   |  | TOTAL NET VALUE:  | \$18,869.50  |
|  |  |   | VALUE CL.  | AIMED AS EXEMPT:  | 100% of FMV  |
|  |  |   | UNUSED AMOU  | NT OF EXEMPTION:  | \$5,000.00   |
| Exception to \$18,500 limit: A to exceed \$60,000 in net value tenant with rights of survivors and the name of the former consection 2)(See * below) | An unmarried debtor where, so long as: (1) the parties and (2) the former of | ho is 65 years<br>roperty was p<br>co-owner of th | of age or older is entithereviously owned by the property is deceased, | led to retain an aggregate i<br>e debtor as a tenant by the<br>in which case the debtor n | nterest in property <b>no</b><br>entireties or as a join<br>nust specify his/her ago |
| Description of<br>Property & Address   | Market<br>Value  |   | gage Holder or<br>.ien Holder  | Amount of<br>Mortgage or Lien   | Net<br>Value   |
|  | minus 6%   |   |  |   |  |
| Debtor's Age:  |  |   |  | TOTAL NET VALUE:  |  |
| Name of former co-owner:   |  |   | VALUE CL.  | AIMED AS EXEMPT:  |  |
|  |  |   | UNUSED AMOU  | NT OF EXEMPTION:  | \$60,000.00  |

<sup>\*</sup> Note to all interested parties: Notwithstanding the above, in the event that: (1) this concerns a Chapter 13 case filed within 12 months after the dismissal of a prior bankruptcy case, and (2) a creditor has, prior to the filing of this case, taken an "action" as that term is defined in In re:

<u>Paschal</u>, 337 B.R. 27 (2006), the debtor(s) do not claim the property as exempt, in which case the above information is provided for the sole purpose of determining compliance as required by 11 U.S.C. 1325(a)(4).

2. **TENANCY BY THE ENTIRETY:** All the net value in the following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (No limit on amount or number of items.)(See \* above which shall also apply with respect to this exemption.)

| Description of Property & Address                         |
|---|
| 1. House and Land - 1203 Berkely Street, Durham, NC 27705 |
| 2.  |

3. MOTOR VEHICLE EXEMPTION: Each debtor can claim an exemption in only one vehicle, not to exceed \$3,500.00 in net value. (N.C.G.S. § 1C-1601(a)(3))

| Year, Make, Model, Style<br>of Motor Vehicle | Market Value | Lien Holder | Amount of Lien | Net Value |
|--|--------------|-------------|----------------|-----------|
| 1991 Buick Century                           | \$380.00     | N/A         | \$0.00         | \$380.00  |

| TOTAL NET VALUE:         | \$380.00   |
|--------------------------|------------|
| VALUE CLAIMED AS EXEMPT: | \$3,500.00 |

4. TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS: (Each debtor can retain an aggregate interest, not to exceed \$2,000.00 in net value.) (N.C.G.S. § 1C-1601(a)(5))

| Description | Market Value | Lien Holder | Amount of Lien | Net Value |
|-------------|--------------|-------------|----------------|-----------|
|             |              |             |                |           |

| TOTAL NET VALUE:         |        |
|--------------------------|--------|
| VALUE CLAIMED AS EXEMPT: | \$0.00 |

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES:** Each debtor can retain a total aggregate interest, not to exceed \$5,000.00 in net value, <u>plus</u> \$1000.00 in net value for each dependent of the debtor (not to exceed \$4,000 total for dependents.) (N.C.G.S. § 1C-1601(a)(4) & NC Const., Article X, Section 1)

The number of dependents for exemption purposes is:\_\_\_\_2

| Description of Property | Market Value     | Lien Holder       | Amount of Lien | Net Value |
|-------------------------|------------------|-------------------|----------------|-----------|
| Clothing & Personal     |                  |                   |                | \$795.00  |
| Kitchen Appliances      |                  |                   |                | \$25.00   |
| Stove                   |                  |                   |                | \$250.00  |
| Refrigerator            |                  |                   |                | \$350.00  |
| Freezer                 |                  |                   |                | \$25.00   |
| Washing Machine         |                  |                   |                | \$400.00  |
| Dryer                   |                  |                   |                | \$350.00  |
| China                   |                  |                   |                | \$0.00    |
| Silver                  |                  |                   |                | \$0.00    |
| Jewelry                 |                  |                   |                | \$0.00    |
| Living Room Furniture   | ase 10-81355 Doc | -1 Filed 07/30/10 | Page 18 of 61  | \$400.00  |

| Den Furniture   |                   |                              |   |                         |  |                    | \$0.00                               |
|---|-------------------|------------------------------|---|-------------------------|--|--------------------|--------------------------------------|
| Bedroom Furniture   |                   |                              |   |                         |  |                    | \$1,000.00                           |
| Dining Room Furniture   |                   |                              |   |                         |  |                    | \$350.00                             |
| Lawn Furniture  |                   |                              |   |                         |  |                    | \$0.00                               |
| Television  |                   |                              |   |                         |  |                    | \$200.00                             |
| ( ) Stereo ( ) Radio  |                   |                              |   |                         |  |                    | \$0.00                               |
| ( ) VCR ( ) Video Camera  |                   |                              |   |                         |  |                    | \$32.00                              |
| Musical Instruments   |                   |                              |   |                         |  |                    | \$0.00                               |
| ( ) Piano ( ) Organ   |                   |                              |   |                         |  |                    | \$0.00                               |
| Air Conditioner   |                   |                              |   |                         |  |                    | \$0.00                               |
| Paintings or Art  |                   |                              |   |                         |  |                    | \$0.00                               |
| Lawn Mower  |                   |                              |   |                         |  |                    | \$200.00                             |
| Yard Tools  |                   |                              |   |                         |  |                    | \$0.00                               |
| Crops   |                   |                              |   |                         |  |                    | \$0.00                               |
| Recreational Equipment  |                   |                              |   |                         |  |                    | \$0.00                               |
| Computer Equipment  |                   |                              |   |                         |  |                    | \$425.00                             |
| 6. <b>LIFE INSURANCE</b> : There  | e is no li        | mit on amount o              | r number of policies                      |                         |  | a)(6) & NC Const.  | \$7,000.00<br>., Article X, Sect. 5) |
| Description & Company   | 7                 | Iı                           | nsured                                    | Last 4 D<br>of Policy N |  |                    | neficiary<br>se initials only)       |
|   |                   |                              |   |                         |  |                    |                                      |
| 7. PROFESSIONALLY PRE   | ESCRIB            | ED HEALTH A                  | IDS: Debtor or Debt                       | or's Depender           | nts. (No lin                           | niton value.) (N.C | .G.S. § 1C-1601(a)(7)                |
| Description   |                   |                              |   |                         |  |                    |                                      |
|   |                   |                              |   |                         |  |                    |                                      |
| 8. COMPENSATION FOR OR ANNUITIES, OR COLFOR SUPPORT. There is related legal, health or fune | MPENS<br>no limit | ATION FOR Ton this exemption | <b>HEDEATH OF A P</b> on. All such amount | ERSON UPO               | ON WHO                                 | M THE DEBTOR       | WAS DEPENDENT                        |
| Description   |                   | Source of Compensation       |   |                         | Last 4 Digits of<br>Any Account Number |                    |                                      |
| Possible Consumer Rights Classubject to Approval of Settlement/Award by Bankrup Court       |                   | Unknown                      |   |                         |  | Unknown            |                                      |

- 9. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE. (N.C.G.S. § 1C-1601(a)(9)) (No limit on number or amount.). Debtor claims an exemption in all such plans, plus all other RETIREMENT FUNDS as defined in 11 U.S.C. Section 522(b)(3)(c).
- 10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** Total net value <u>not to exceed \$25,000</u>. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs <u>and</u> must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses. (N.C.G.S. § 1C-1601(a)(10))

| College Savings | Last 4 Digits of | Initials of       | Value |
|-----------------|------------------|-------------------|-------|
| Plan            | Account Number   | Child Beneficiary |       |
|                 |                  |                   |       |

| VALUE CLAIMED AS EXEMPT: | \$0.00 |
|--------------------------|--------|
|--------------------------|--------|

11. RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES. (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.) (N.C.G.S. § 1C-1601(a)(11))

| Name of Retirement Plan | State or Governmental Unit | Last 4 Digits of Identifying<br>Number | Value |
|-------------------------|----------------------------|--|-------|
|                         |                            |  |       |

| VALUE CLAIMED AS EXEMPT: | \$0.00 |
|--------------------------|--------|
| VALUE CLAIMED AS EXEMPT: | \$0.0  |

12. ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.) (N.C.G.S. § 1C-1601(a)(12))

| Type of Support | Location of Funds | Amount |
|-----------------|-------------------|--------|
|                 |                   |        |

| VALUE CLAIMED AS EXEMPT: | \$0.00 |
|--------------------------|--------|
|--------------------------|--------|

13. **WILDCARD EXEMPTION:** Each debtor can retain a total aggregate interest in any other property, not to exceed a net value of \$5,000.00, or the unused portion of the debtor's <u>residence</u> exemption, <u>whichever is less</u>. (N.C.G.S. § 1C-1601(a)(2))

| Description of the Property   | Market Value | Lien Holder | Amount of Lien | Net Value                                  |
|---|--------------|-------------|----------------|--|
| Any property owned by the debtor(s), not otherwise claimed as exempt. |              |             |                | \$1,070.00                                 |
| 1989 Ford Ranger  | \$200.00     | N/A         | \$0.00         | \$200.00                                   |
| CD<br>Debtor owns 1/2 interest  | \$5,000.00   | N/A         | \$0.00         | \$5000.00<br>1/2 interest =<br>\$2,500.00  |
| Banks Accounts Debtor owns 1/2 interest                               | \$2,460.00   | N/A         | \$0.00         | \$2,460.00<br>1/2 interest =<br>\$1,230.00 |

| TOTAL NET VALUE:         | \$5,000.00 |
|--------------------------|------------|
| VALUE CLAIMED AS EXEMPT: | \$5,000.00 |

### 14. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

|  | Amount      |
|--|-------------|
| Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36  |             |
| Aid to the Blind N.C.G.S. § 111-18   |             |
| Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15  |             |
| North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31  | \$51,235.73 |
| North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9  |             |
| Fireman's and Rescue Workers' Pensions N.C.G.S. § 58-86-90   |             |
| Workers Compensation Benefits N.C.G.S. § 97-21   |             |
| Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17_ |             |
| Group Insurance Proceeds N.C.G.S. § 58-58-165  |             |
| Partnership Property, except on a claim against the partnership N.C.G.S. § 59-55   |             |
| Wages of Debtor necessary for the support of family N.C.G.S. § 1-362   |             |

| VALUE CLAIMED AS EXEMPT: | \$51,235.73 |
|--------------------------|-------------|
|                          |             |

### 15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

|  | Amount |
|--|--------|
| Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060                            |        |
| Social Security Benefits 42 U.S.C. § 407   |        |
| Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717                   |        |
| Wages of Fishermen, Seamen and Apprentices, 46 U.S.C. § 11108 &11109                           |        |
| Civil Service Retirement Benefits 5 U.S.C. § 8346  |        |
| Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916 |        |
| Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m                                |        |
| Veteran benefits 38 U.S.C. § 5301  |        |
| Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562               |        |

### UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned Debtor, declares under penalty of perjury that I have read the foregoing document, consisting of 14 paragraphs on consecutive pages, and that they are true and correct to the best of my knowledge, information and belief.

| Dated: | 7/22/10 |
|--------|---------|
| Dateu. | 1/22/10 |

| s/ Thomas E. Hearn, Sr. |  |
|-------------------------|--|
| Thomas E. Hearn, Sr.    |  |

| In re | Thomas Eugene Hearn | Case No. |
|-------|---------------------|----------|
|-------|---------------------|----------|

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Debtor

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CDEDITORIG NAME  | C                             | Н            | sband, Wife, Joint, or Community   | C         | U<br>N            | D                     | AMOUNT OF   |                                 |
|--|-------------------------------|--------------|--|-----------|-------------------|-----------------------|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)             | O D E B T O R                 | ) C          | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN   | ONT-NGEN  | N L I Q U I D A T | S<br>P<br>U<br>T<br>F | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No. 1000004788  Creditor #: 1 Amerinational Community Services Post Office Box 123 Downey, CA 90241      | x                             | ( J          | 05/2006 to 07/2010 2nd Deed of Trust House and Land 1203 Berkely Street Durham, NC 27705 Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV        | Ť         | T<br>E<br>D       |                       |   |                                 |
|  |                               |              | Value \$ 139,483.00  | -         |                   |                       | 21,648.00   | 0.00                            |
| Account No.  Creditor #: 2 Durham County Tax Collector Post Office Box 3397 Durham, NC 27701                     |                               | <u>-</u>     | Notice Purpose Only House and Land 1203 Berkely Street Durham, NC 27705 Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV unless otherwise noted. |           |                   |                       |   |                                 |
|  | 퇶                             | ļ            | Value \$ 139,483.00  | 11        |                   |                       | 0.00  | 0.00                            |
| Account No. 1000194983  Creditor #: 3 RoundPoint Mortgage Servicing Corp P.O. Box 19409 Charlotte, NC 28219-9409 | x                             | J            | 05/2006 to 07/2010 1st Deed of Trust House and Land 1203 Berkely Street Durham, NC 27705 Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV        |           |                   |                       |   |                                 |
|  | Ļ                             | $\downarrow$ | Value \$ 139,483.00  | $\coprod$ |                   | Ш                     | 80,096.00   | 0.00                            |
| Account No.  |                               |              | Value \$   | _         |                   |                       |   |                                 |
| continuation sheets attached   | Subtotal (Total of this page) |              |  |           |                   | 101,744.00            | 0.00  |                                 |
| Total (Report on Summary of Schedules)   |                               |              |  |           | 0.00              |                       |   |                                 |

# **United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)**

| In re | Thomas Eugene Hearn |           | Case No. |   |  |
|-------|---------------------|-----------|----------|---|--|
|       |                     | Debtor(s) | Chapter  | 7 |  |
|       |                     |           |          |   |  |
|       |                     |           |          |   |  |

### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A -** Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

| Property No. 1   |  |
|--|--|
| Creditor's Name: Amerinational Community Services  | Describe Property Securing Debt: House and Land 1203 Berkely Street Durham, NC 27705  Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV unless otherwise noted. |
| Property will be (check one):  |  |
| ☐ Surrendered ■ Retained   |  |
| If retaining the property, I intend to (check at least one):  ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain _ Retain and Continue to Make Regular | Payments (for example, avoid lien using 11 U.S.C. § 522(f)).   |
| Property is (check one):   |  |
| ■ Claimed as Exempt  | ☐ Not claimed as exempt  |

| 8 (Form 8) (12/08)   |                          | _  | Page 2                                      |  |
|--|--------------------------|--|---|--|
| Property No. 2   |                          |  |   |  |
| Creditor's Name:<br>Durham County Tax Collector  |                          | Describe Property Securing Debt: House and Land 1203 Berkely Street Durham, NC 27705  Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV unless otherwise noted. |   |  |
| Property will be (check one): ☐ Surrendered  | ■ Retained               |  |   |  |
| If retaining the property, I intend to (check Redeem the property Reaffirm the debt  Other. Explain Retain and Continuous Retain and Continuous Retain Retain and Continuous Retain Reta |                          | s in Escrow (for exa   | mple, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is (check one):   |                          |  |   |  |
| ■ Claimed as Exempt  |                          | ☐ Not claimed as exe   | empt  |  |
| Property No. 3   |                          | ĺ  |   |  |
| Creditor's Name:<br>RoundPoint Mortgage Servicing Corp   |                          | Describe Property Securing Debt: House and Land 1203 Berkely Street Durham, NC 27705  Debtor shares interest w/spouse Total Value: 139,483.00 Valuation Method (Sch. A & B): FMV unless otherwise noted. |   |  |
| Property will be (check one): ☐ Surrendered  | ■ Retained               |  |   |  |
| If retaining the property, I intend to (check ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain _ Retain and Continu  |                          | Payments (for examp  | ple, avoid lien using 11 U.S.C. § 522(f)).  |  |
| Property is (check one):  ■ Claimed as Exempt  |                          | ☐ Not claimed as exe   | empt  |  |
| PART B - Personal property subject to unex<br>Attach additional pages if necessary.)   | pired leases. (All three | e columns of Part B mu   | ust be completed for each unexpired lease.  |  |
| Property No. 1   |                          |  |   |  |
| Lessor's Name:<br>-NONE-   | Describe Leased Pro      | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  YES NO   |   |  |

Page 3

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date July 30, 2010
Signature /s/ Thomas Eugene Hearn
Thomas Eugene Hearn
Debtor

| n re | Thomas | Eugene | Heari |
|------|--------|--------|-------|

| Case No. |
|----------|
|          |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority

| listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total   |
|---|
| also on the Statistical Summary of Certain Liabilities and Related Data.  Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to   |
| priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this  |
| total also on the Statistical Summary of Certain Liabilities and Related Data.  |
|   |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| THE OF PRIORITY OF A THE COLUMN AND A STATE OF THE STATE |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
| ☐ Domestic support obligations  |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative  |
| of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case   |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a   |
| trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
|   |
| ☐ Wages, salaries, and commissions  |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales  |
| representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever  |
| occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).  |
| ☐ Contributions to employee benefit plans   |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business  |
| whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen   |
|   |

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ■ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| In re | Thomas Eugene Hearn | Case No. |
|-------|---------------------|----------|
|       |                     | ,        |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CONTINGENT CREDITOR'S NAME, SPUTED AND MAILING ADDRESS Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER C (See instructions.) **Notice Purpose Only** Account No. Creditor #: 1 **Durham County Tax Collector** 0.00 Post Office Box 3397 Durham, NC 27701 0.00 0.00 **Notice Purposes Only** Account No. Creditor #: 2 Internal Revenue Service (MD)\*\* 0.00 Post Office Box 21126 Philadelphia, PA 19114-0326 0.00 0.00 Account No. US Attorney's Office (MD)\*\* Representing: **Middle District** Internal Revenue Service (MD)\*\* **Notice Only** Post Office Box 1858 Greensboro, NC 27502-1858 **Notice Purposes Only** Account No. Creditor #: 3 North Carolina Dept of Revenue\*\* 0.00 Post Office Box 1168 Raleigh, NC 27602-1168 0.00 0.00 Account No. North Carolina Department of Representing: Revenue North Carolina Dept of Revenue\*\* **Notice Only** c/o NC Department of Justice Post Office Box 629 Raleigh, NC 27602-0629 Subtotal 0.00 Sheet 1 of 2 continuation sheets attached to

(Total of this page)

0.00

0.00

Schedule of Creditors Holding Unsecured Priority Claims

| In re | Thomas Eugene Hearn | Case No. |
|-------|---------------------|----------|
|       |                     | ;        |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community CONTINGENT UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, SPUTED AND MAILING ADDRESS Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) Account No. **North Carolina Department of** Representing: Revenue North Carolina Dept of Revenue\*\* **Notice Only** c/o Reginald S. Hinton Post Office Box 25000 Raleigh, NC 27640-5000 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet **2** of **2** continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 0.00 0.00 Total 0.00

(Report on Summary of Schedules)

0.00

0.00

| In re | Thomas Eugene Hearn |        | Case No. |  |
|-------|---------------------|--------|----------|--|
| _     |                     | Debtor |          |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| MAILING ADDRESS<br>INCLUDING ZIP CODE,  | 0           | H<br>W | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM                     | CONTI   | UZLLQU      | I S P L | 5 |                 |
|---|-------------|--------|---|---------|-------------|---------|---|-----------------|
| AND ACCOUNT NUMBER (See instructions above.)  | T<br>O<br>R | C      | IS SUBJECT TO SETOFF, SO STATE.   | N G E N | ΙD          | E       | E | AMOUNT OF CLAIM |
| Account No. Unknown Account Number  |             |        | Unknown Date of Claim   | ΪŤ      | A<br>T<br>E |         |   |                 |
| Creditor #: 1 Absolute Collection Service ** 421 Fayetteville Street Mall Suite 600 Raleigh, NC 27601 |             | -      | Medical Bill Collection Account All Possible Obligations Disputed as to the amount of interest, fees, charges, etc. |         | D           |         |   |                 |
| -   |             |        |   |         |             |         |   | 193.00          |
| Account No. 4888-9361-1127-5479   |             |        | 02/2005 to 10/2009  |         |             | Γ       | 1 |                 |
| Creditor #: 2<br>Bank of America  |             |        | Credit Card Purchases All Possible Obligations  |         |             |         |   |                 |
| Post Office Box 15026   |             | -      | Disputed as to the amount of interest, fees,  |         |             |         |   |                 |
| Wilmington, DE 19850-5026   |             |        | charges, etc.   |         |             |         |   |                 |
|   |             |        |   |         |             |         |   | 22 257 20       |
|   |             |        |   | $\perp$ |             | L       | _ | 23,257.00       |
| Account No.   |             |        |   |         |             |         |   |                 |
| Bernhardt and Strawser, P.A.  |             |        | Representing:   |         |             |         |   |                 |
| Attorneys at Law  |             |        | Bank of America   |         |             |         |   | Notice Only     |
| 5821 Fairview Rd, Suite 100   |             |        |   |         |             |         |   | ·               |
| Charlotte, NC 28209   |             |        |   |         |             |         |   |                 |
| Account No. 5466-5630-0021-5627   |             |        | 04/1994 to 07/2010  |         |             | H       |   |                 |
| Creditor #: 3<br>Chase ****   |             |        | Credit Card Purchases All Possible Obligations  |         |             |         |   |                 |
| Cardmember Service  |             | _      | Disputed as to the amount of interest, fees,  |         |             |         |   |                 |
| Post Office Box 15298   |             |        | charges, etc.   |         |             |         |   |                 |
| Wilmington, DE 19850-5298   |             |        |   |         |             |         |   |                 |
|   |             |        |   |         |             |         |   | 26,128.00       |
| <b>3</b> continuation sheets attached   |             |        | (Total of   | Sub     |             | -       |   | 49,578.00       |

| In re | Thomas Eugene Hearn | Case No | _ |
|-------|---------------------|---------|---|
| _     |                     | Debtor  |   |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,   | ç        | Н           | usband, Wife, Joint, or Community   | CO          | U           | D     |                 |
|--|----------|-------------|---|-------------|-------------|-------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | CODEBTOR | C<br>A<br>M | CONSIDERATION FOR CLAIM. IF CLAIM   | ONTINGEN    | NLIQUIDATED | SPUTF | AMOUNT OF CLAIM |
| Account No.  |          | Г           |   | 7           | T           |       |                 |
| Bernhardt and Strawser, P.A.<br>Attorneys at Law<br>5821 Fairview Rd, Suite 100<br>Charlotte, NC 28209       |          |             | Representing:<br>Chase ****   |             | D           |       | Notice Only     |
| Account No. 5424-1802-5805-0241  |          | Τ           | 05/1986 to 06/2010  | T           |             | T     |                 |
| Creditor #: 4<br>Citi Card**<br>Post Office Box 6500<br>Sioux Falls, SD 57117-6500                           |          | _           | Credit Card Purchases All Possible Obligations Disputed as to the amount of interest, fees, charges, etc. |             |             |       |                 |
|  |          |             |   |             |             |       | 15,777.00       |
| Account No.  | ┢        |             |   | $\dagger$   |             |       |                 |
| Bernhardt and Straswer, P.A.<br>Attn: Tonya L. Urps<br>5821 Fairview Road, Suite 100<br>Charlotte, NC 28209  |          |             | Representing:<br>Citi Card**  |             |             |       | Notice Only     |
| Account No.  |          | T           | Notice Purposes Only  | $\dagger$   | T           |       |                 |
| Creditor #: 5<br>Credit Bureau of Greensboro**<br>Post Office Box 26140<br>Greensboro, NC 27402-0040         |          | _           |   |             |             |       | 0.00            |
| Account No. 10190760000120320  | $\vdash$ | +           | Unknown Date of Claim   | +           | $\vdash$    | +     | 1               |
| Creditor #: 6 Credit Financial Services Post Office Box 451 Durham, NC 27702-0451                            |          | _           | Medical Bill All Possible Obligations Disputed as to the amount of interest, fees, charges, etc.          |             |             |       | 157.00          |
|  |          |             |   | $\perp$     |             |       | 157.00          |
| Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of   | Sub<br>this |             |       | 15,934.00       |

| In re | Thomas Eugene Hearn | Case No. |  |
|-------|---------------------|----------|--|
| -     |                     | Debtor , |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |                 |     |   |     |             | _ |          |                 |
|--|-----------------|-----|---|-----|-------------|---|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                    | C O D E B T O R | J C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.   |     |             |   | DISPUTED | AMOUNT OF CLAIM |
| Account No. Unknown Account Number  Creditor #: 7  Durham Emergency Physicians **  P.O. Box 15133  Durham, NC 27704-0133             |                 | _   | Unknown Date of Claim Medical Bill All Possible Obligations Disputed as to the amount of interest, fees, charges, etc.                    |     | T<br>E<br>D |   |          | 157.00          |
| Account No. A18603748  Creditor #: 8  Durham Regional Hospital  Post Office Box 70841  Charlotte, NC 28272-0841                      |                 | _   | Unknown Date of Claim Medical Bill Collection Account All Possible Obligations Disputed as to the amount of interest, fees, charges, etc. |     |             |   |          | 168.00          |
| Account No.  Absolute Collection Service ** 421 Fayetteville Street Mall Suite 600 Raleigh, NC 27601                                 |                 |     | Representing:<br>Durham Regional Hospital   |     |             |   |          | Notice Only     |
| Account No.  Creditor #: 9 Employment Security Commission Attn: Benefit Payment Control Post Office Box 26504 Raleigh, NC 27611-6504 |                 | _   | Notice Purpose Only   |     |             |   |          | 0.00            |
| Account No. 60088932  Creditor #: 10 GEMB/JCP Post Office Box 103104 Roswell, GA 30076   |                 | J   | 12/2000 to 07/2010 Charge Account Purchases All Possible Obligations Disputed as to the amount of interest, fees, charges, etc.           |     |             |   |          | 19.00           |
| Sheet no. <b>_2</b> of <b>_3</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                       |                 | •   | (Total of   | Sub |             |   |          | 344.00          |

| In re | Thomas Eugene Hearn | Case No  |  |
|-------|---------------------|----------|--|
| _     |                     | Debtor , |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME,   | C             | Hu          | sband, Wife, Joint, or Community   | C           | U                | D        |                 |
|--|---------------|-------------|--|-------------|------------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | O D E B T O R | H<br>W<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.                | NT I NG E   | Q<br>U<br>L<br>D | DISPUTED | AMOUNT OF CLAIM |
| Account No. 9784978444703410   |               |             | 08/2008 to 06/2010   | ⊢ N         | A<br>T           |          |                 |
| Creditor #: 11<br>Sallie Mae Financial **<br>300 Continental Drive Ste. 1S<br>Newark, DE 19713-4339          |               | J           | Student Loan All Possible Obligations Disputed as to the amount of interest, fees, charges, etc.             |             | E<br>D           |          |                 |
|  |               |             |  |             |                  |          | 346.00          |
| Account No. <b>50499400xxx</b>   |               |             | 04/1994 to 06/2010   |             |                  |          |                 |
| Creditor #: 12<br>Sears<br>Post Office Box 6924<br>The Lakes, NV 88901-6924                                  |               | -           | Charge Account Purchases All Possible Obligations Disputed as to the amount of interest, fees, charges, etc. |             |                  |          |                 |
|  |               |             |  |             |                  |          | 173.00          |
| Account No. 880113000390   |               |             | 08/1999 to 06/2010   |             |                  |          |                 |
| Creditor #: 13 SunTrust Recovery Department Post Office Box 85041  | x             | J           | Line of Credit All Possible Obligations Disputed as to the amount of interest, fees, charges, etc.           |             |                  |          |                 |
| Richmond, VA 23285-5041  |               |             |  |             |                  |          | 2,581.00        |
| Account No.  |               |             |  |             |                  |          |                 |
| Account No.  |               |             |  |             |                  |          |                 |
|  |               |             |  |             |                  |          |                 |
| Sheet no. <u>3</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |               |             | (Total of  | Sub<br>this |                  |          | 3,100.00        |
| C  |               |             | (Report on Summary of S  | 7           | Γota             | ıl       | 68,956.00       |

| In re | Thomas Eugene Hearn | Case No |  |
|-------|---------------------|---------|--|
| -     |                     | D-14    |  |
|       |                     | Debtor  |  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

**APX ALARM** 5132 North 300 West Provo, UT 84604

Sprint\*\* Post Office Box 7086 London, KY 40742-7086 **Annual Home Alarm Contract** 

\$40.00/Month Debtor wishes to assume contract.

2-Year Wireless Telephone Contract

\$135.00/Month - Family Plan Debtor wishes to assume contract.

| In re | Thomas Eugene Hearn | Case No. |  |
|-------|---------------------|----------|--|
|       |                     |          |  |
|       |                     | Dahtan   |  |

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

#### NAME AND ADDRESS OF CODEBTOR NAME AND ADDRESS OF CREDITOR **Amerinational Community Services** Lynette Hearn 1203 Berkeley Street Post Office Box 123 Durham, NC 27705 Downey, CA 90241 Lynette Hearn **RoundPoint Mortgage Servicing Corp** 1203 Berkeley Street P.O. Box 19409 Durham, NC 27705 Charlotte, NC 28219-9409 SunTrust Lynette Hearn **Recovery Department** 1203 Berkeley Street Durham, NC 27705 Post Office Box 85041 Richmond, VA 23285-5041

| In re | Thomas Eugene Hearn |           | Case No. |  |
|-------|---------------------|-----------|----------|--|
|       |                     | Debtor(s) |          |  |

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:  Dependents of Debtor And Spouse                                       |   |               |  |                              |  |
|---|---|---------------|--|------------------------------|--|
| Married   | RELATIONSHIP(S):  Daughter  Son  Wife   | AGI           | E(S):<br>12<br>17<br>48                        |                              |  |
| Employment:*  | DEBTOR  |               | SPOUSE   |                              |  |
| Occupation  | Correctional Officer  | Substitut     | e Teacher                                      |                              |  |
| Name of Employer  | Department of Corrections   | Durham F      | Public Schools                                 |                              |  |
| How long employed   | 21 Years  | 5 Years       |  |                              |  |
| Address of Employer   | 3900 Guess Road<br>Durham, NC 27705   | P.O. Box      | rative Unit<br>30002<br>NC 27702               |                              |  |
|   | onal Employment Information   |               |  |                              |  |
|   | ge or projected monthly income at time case filed) y, and commissions (Prorate if not paid monthly) |               | DEBTOR<br>\$ 4,194.00<br>\$ 0.00               | \$ _<br>\$ _                 | SPOUSE<br><b>631.70</b><br><b>0.00</b> |
| 3. SUBTOTAL   |   | [             | \$ 4,194.00                                    | \$                           | 631.70                                 |
| 4. LESS PAYROLL DEDUCT a. Payroll taxes and socia b. Insurance c. Union dues d. Other (Specify) |   | <u> </u>      | \$ 456.98<br>\$ 593.57<br>\$ 0.00<br>\$ 448.70 | \$ _<br>\$ _<br>\$ _<br>\$ _ | 86.25<br>0.00<br>0.00<br>0.00          |
| 5. SUBTOTAL OF PAYROLI  | L DEDUCTIONS  | ſ             | \$ 1,499.25                                    | \$                           | 86.25                                  |
| 6. TOTAL NET MONTHLY  | TAKE HOME PAY   | ļ             | \$ 2,694.75                                    | \$                           | 545.45                                 |
| 7. Regular income from opera  | tion of business or profession or farm (Attach detailed sta   | atement)      | \$ 0.00  | \$                           | 0.00                                   |
| 8. Income from real property  |   |               | \$ 0.00  | \$                           | 0.00                                   |
| 9. Interest and dividends   |   |               | \$ 0.00  | \$                           | 0.00                                   |
| dependents listed above   | support payments payable to the debtor for the debtor's us  | se or that of | \$ 0.00  | \$                           | 0.00                                   |
| 11. Social security or governm  | nent assistance   |               | e 0.00   | ф                            | 0.00                                   |
| (Specify):  |   |               | \$ 0.00  | - <sup>‡</sup> -             | 0.00                                   |
| 12. Pension or retirement inco  | nma.  |               | \$ 0.00<br>\$ 0.00                             |                              | 0.00                                   |
| 13. Other monthly income  | лис   |               |  |                              | 0.00                                   |
| (Specify):  |   |               | \$ 0.00  | - \$ _                       | 0.00                                   |
|   |   |               | \$ 0.00  | \$                           | 0.00                                   |
| 14. SUBTOTAL OF LINES 7   | THROUGH 13  |               | \$   | \$                           | 0.00                                   |
| 15. AVERAGE MONTHLY I   | NCOME (Add amounts shown on lines 6 and 14)   | ļ             | \$ 2,694.75                                    | \$                           | 545.45                                 |
| 16. COMBINED AVERAGE  | MONTHLY INCOME: (Combine column totals from line  | e 15)         | \$   | 3,240                        | ).20                                   |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None Anticipated** 

| In re | Thomas Eugene Hearn | Case No.  |
|-------|---------------------|-----------|
|       |                     | Cube 110. |

Debtor(s)

### $\underline{\textbf{SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)}}$

### **Detailed Income Attachment**

| Other | Payroll | <b>Deductions:</b> |
|-------|---------|--------------------|
|-------|---------|--------------------|

| 401(k) Contributions           | \$<br>70.00  | \$<br>0.00 |
|--------------------------------|--------------|------------|
| 457 Savings Plan               | \$<br>100.00 | \$<br>0.00 |
| 401(k) Loan                    | \$<br>93.96  | \$<br>0.00 |
| Mandatory Retirement           | \$<br>184.74 | \$<br>0.00 |
| Total Other Payroll Deductions | \$<br>448.70 | \$<br>0.00 |

| In re | Thomas Eugene Hearn |           | Case No. |  |
|-------|---------------------|-----------|----------|--|
|       |                     | Debtor(s) |          |  |

# $\frac{SCHEDULE\ I-CURRENT\ INCOME\ OF\ INDIVIDUAL\ DEBTOR(S)}{Attachment\ for\ Additional\ Employment\ Information}$

| Debtor              |                     |  |
|---------------------|---------------------|--|
| Occupation          | Shift Supervisor    |  |
| Name of Employer    | Burger King         |  |
| How long employed   | 18 Years            |  |
| Address of Employer | 1200 Club Boulevard |  |
|                     | Durham, NC 27705    |  |

| In re | Thomas Eugene Hearn |           | Case No. |  |
|-------|---------------------|-----------|----------|--|
|       |                     | Debtor(s) |          |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comexpenditures labeled "Spouse."  | plete a separa | ate schedule of    |
|--|----------------|--------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$             | 698.00             |
| a. Are real estate taxes included? Yes X No  |                |                    |
| b. Is property insurance included? Yes X No  |                |                    |
| 2. Utilities: a. Electricity and heating fuel  | \$             | 165.00             |
| b. Water and sewer   | \$             | 68.50              |
| c. Telephone   | \$             | 39.00              |
| d. Other See Detailed Expense Attachment   | \$             | 242.00             |
| 3. Home maintenance (repairs and upkeep)   | \$             | 74.00              |
| 4. Food  | \$             | 752.00             |
| 5. Clothing  | \$             | 244.00             |
| 6. Laundry and dry cleaning  | \$             | 0.00               |
| 7. Medical and dental expenses   | \$             | 240.00             |
| 8. Transportation (not including car payments)   | \$             | 402.00             |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$             | 0.00               |
| 10. Charitable contributions   | \$             | 0.00               |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |                |                    |
| a. Homeowner's or renter's   | \$             | 0.00               |
| b. Life  | \$             | 0.00               |
| c. Health  | \$             | 0.00               |
| d. Auto  | \$             | 61.05              |
| e. Other   | \$             | 0.00               |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  | · <del></del>  |                    |
| (Specify) Personal Property Taxes  | \$             | 4.17               |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the   | Ψ              |                    |
| plan)  |                |                    |
| a. Auto  | \$             | 0.00               |
| b. Other   | \$             | 0.00               |
| c. Other   | \$ <del></del> | 0.00               |
| 14. Alimony, maintenance, and support paid to others   | φ              | 0.00               |
| 14. Anniony, maintenance, and support pard to others  15. Payments for support of additional dependents not living at your home  | \$ <del></del> | 0.00               |
|  |                | 0.00               |
| <ul><li>16. Regular expenses from operation of business, profession, or farm (attach detailed statement)</li><li>17. Other See Detailed Expense Attachment</li></ul>         | \$             | 301.00             |
| 17. Other See Detailed Expense Attachment  | \$             | 301.00             |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$             | 3,290.72           |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year  |                |                    |
| following the filing of this document:   |                |                    |
| None Anticipated   |                |                    |
| 20. STATEMENT OF MONTHLY NET INCOME  | _              |                    |
|  | ¢              | 3,240.20           |
| a. Average monthly income from Line 15 of Schedule I   | \$             |                    |
| b. Average monthly expenses from Line 18 above   | \$<br>\$       | 3,290.72<br>-50.52 |
| c. Monthly net income (a. minus b.)  | Ф              | -30.52             |

In re **Thomas Eugene Hearn** 

Debtor(s)

Case No.

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

### **Detailed Expense Attachment**

### **Other Utility Expenditures:**

| Cell Phone                       | <br>135.00   |
|----------------------------------|--------------|
| Cable                            | \$<br>58.00  |
| Internet                         | \$<br>49.00  |
| Total Other Utility Expenditures | \$<br>242.00 |

### **Other Expenditures:**

| Personal Care            | \$   | 66.00  |
|--------------------------|------|--------|
| Emergency Expenses       | \$   | 117.50 |
| Miscellaneous Expenses   | \$ _ | 117.50 |
| Total Other Expenditures | \$   | 301.00 |

| _            |                     |   |
|--------------|---------------------|---|
| In re        | Thomas Eugene Hearn |   |
|              | Debtor(s)           | According to the information required to be entered on this statement |
| Case Number: |                     | (check one box as directed in Part I, III, or VI of this statement):  |
|              | (If known)          | ☐ The presumption arises.   |
|              |                     | ■ The presumption does not arise.                                     |
|              |                     | ☐ The presumption is temporarily inapplicable.                        |

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|    | Part I. MILITARY AND NON-CONSUMER DEBTORS  |
|----|--|
| 1A | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
|    | □ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |
| 1B | Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
|    | ☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.   |
|    | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C | □ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard   |
|    | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  |
|    | OR   |
|    | <ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>   |

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|    |  | Part II. CALCULATION OF M  | ON                             | THLY INC                                     | COI                 | ME FOR § 7  | '07(b)(7                  | ) <b>E</b>      | XCLUSION                 |       |                          |
|----|--|--|--------------------------------|--|---------------------|---|---------------------------|-----------------|--------------------------|-------|--------------------------|
| 2  | <ul> <li>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</li> <li>a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</li> <li>b. □ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.</li> </ul> |  |                                |  |                     |   |                           | part other than |                          |       |                          |
|    | c. <b>(</b>  | Married, not filing jointly, without the decle "Debtor's Income") and Column B ("Spo   | use'                           | s Income'') fo                               | r Li                | nes 3-11.   |                           |                 |                          |       |                          |
|    |  | Married, filing jointly. Complete both Columns must reflect average monthly income re  |                                |  |                     |   |                           | ''Sp            |                          | ') 10 |                          |
|    | six ca<br>before   | lendar months prior to filing the bankruptcy<br>e the filing. If the amount of monthly income<br>the six-month total by six, and enter the res   | case<br>vai                    | e, ending on the                             | e las<br>six        | t day of the mor<br>months, you mu                              | nth                       |                 | Column A Debtor's Income |       | Column B Spouse's Income |
| 3  | Gross  | s wages, salary, tips, bonuses, overtime, co   | mm                             | issions.                                     |                     |   |                           | \$              | 4,194.00                 | \$    | 631.70                   |
| 4  | and end<br>busine<br>not en  | ne from the operation of a business, profes<br>nter the difference in the appropriate column<br>ess, profession or farm, enter aggregate number<br>a number less than zero. Do not include<br>ne b as a deduction in Part V.                                     | (s) o                          | of Line 4. If yo<br>and provide d            | u op<br>etail       | perate more than<br>s on an attachm                             | n one<br>ent. Do          |                 |                          |       |                          |
|    | l  | Construction   | ď                              | Debtor                                       | 00                  | Spouse  | 0.00                      |                 |                          |       |                          |
|    | b.   | Gross receipts Ordinary and necessary business expenses  | \$                             |  | 00                  |   | 0.00                      |                 |                          |       |                          |
|    | c.   | Business income  | Su                             | btract Line b fi                             |                     |   |                           | \$              | 0.00                     | \$    | 0.00                     |
| 5  | in the   | appropriate column(s) of Line 5. Do not enart of the operating expenses entered on I   | ter a                          | e b as a deduction in Part V.  Debtor Spouse |                     |   |                           |                 |                          |       |                          |
|    | a.<br>b.   | Gross receipts Ordinary and necessary operating  | \$                             |  | .00                 |   | 0.00                      |                 |                          |       |                          |
|    |  | expenses   |                                |  |                     |   |                           |                 |                          |       |                          |
|    | c.   | Rent and other real property income  | Su                             | btract Line b fi                             | om                  | Line a  |                           | \$              | 0.00                     |       | 0.00                     |
| 6  | Intere   | est, dividends, and royalties.   |                                |  |                     |   |                           | \$              | 0.00                     | \$    | 0.00                     |
| 7  | Pensi  | on and retirement income.  |                                |  |                     |   |                           | \$              | 0.00                     | \$    | 0.00                     |
| 8  | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.   |  |                                |  |                     | that  | \$                        | 0.00            | \$                       | 0.00  |                          |
| 9  | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  |  |                                |  | se was a            |   |                           |                 |                          |       |                          |
|    | be a l   | physical security benefit under the Social Security Debtor   | _                              |  |                     | ouse \$   |                           | \$              | 0.00                     | \$    | 0.00                     |
| 10 | source<br>by you<br>separ<br>payme   | ne from all other sources. Specify source are so not a separate page. Do not include alimour spouse if Column B is completed, but in tate maintenance. Do not include any beneficients received as a victim of a war crime, crinicational or domestic terrorism. | ny o<br>nclu<br>its re<br>ne a | or separate mande all other peceived under t | inte<br>aym<br>he S | enance paymentents of alimony Social Security Ar as a victim of | ts paid<br>y or<br>Act or |                 |                          |       |                          |
|    | a.<br>b.   |  | \$<br>\$                       |  |                     | \$  |                           |                 |                          |       |                          |
|    | Total and enter on Line 10   |  |                                |  | \$                  | 0.00  | ¢                         | 0.00            |                          |       |                          |
| 11 |  | otal of Current Monthly Income for § 707(  | <b>h</b> )('                   | 7). Add Lines 3                              | thr                 | u 10 in Column  | A and                     | φ               | 0.00                     | Ф     | 0.00                     |
| 11 |  | umn B is completed, add Lines 3 through 10   |                                |  |                     |   | 11, and,                  | \$              | 4,194.00                 | \$    | 631.70                   |

| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.  |    | 4,825.70  |  |  |  |  |
|----|--|----|-----------|--|--|--|--|
|    | Part III. APPLICATION OF § 707(b)(7) EXCLUSION   |    |           |  |  |  |  |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.   | \$ | 57,908.40 |  |  |  |  |
| 14 | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |    |           |  |  |  |  |
|    | a. Enter debtor's state of residence: NC b. Enter debtor's household size: 4   | \$ | 67,056.00 |  |  |  |  |
|    | Application of Section 707(b)(7). Check the applicable box and proceed as directed.  |    |           |  |  |  |  |
| 15 | ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at  |    |           |  |  |  |  |
|    | the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.   |    |           |  |  |  |  |
|    | ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.  |    |           |  |  |  |  |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

|     | Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)  | )(2)           |
|-----|--|----------------|
| 16  | Enter the amount from Line 12.   | \$             |
| 17  | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you dinot check box at Line 2.c, enter zero.  | d              |
|     | a.   |                |
|     | c. \$  |                |
|     | [d. ] \$   | \$             |
| 18  | Total and enter on Line 17  Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.  | \$             |
|     | Part V. CALCULATION OF DEDUCTIONS FROM INCOME  |                |
|     |  |                |
|     | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)  | _              |
| 19A | <b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)   | 1<br>t  <br>\$ |
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who as 65 years of age or older. (The total number of household members must be the same as the number stated in Lin 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.    Household members under 65 years of age | e<br>i         |
|     | c1. Subtotal c2. Subtotal  | \$             |
| 20A | <b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   | \$             |

| 20B | Local Standards: housing and utilities; mortgage/rent expense. It Housing and Utilities Standards; mortgage/rent expense for your count available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Average Monthly Payments for any debts secured by your home, as stand enter the result in Line 20B. Do not enter an amount less than a. IRS Housing and Utilities Standards; mortgage/rental expense  |   |    |  |  |
|-----|---|---|----|--|--|
|     | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42   | \$  |    |  |  |
|     | c. Net mortgage/rental expense  | Subtract Line b from Line a.                  | \$ |  |  |
| 21  | Local Standards: housing and utilities; adjustment. If you conten 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:  | tled under the IRS Housing and Utilities      | \$ |  |  |
|     | Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expense.  | of whether you pay the expenses of operating  |    |  |  |
| 22A | included as a contribution to your household expenses in Line 8. $\square$ 0 $\square$ 1 $\square$ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amort Transportation. If you checked 1 or 2 or more, enter on Line 22A the  |   |    |  |  |
|     | Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>   | e applicable Metropolitan Statistical Area or | \$ |  |  |
| 22B | Local Standards: transportation; additional public transportation expenses for a vehicle and also use public transportation, and you condeduction for you public transportation expenses, enter on Line 22B to Local Standards: Transportation. (This amount is available at <a href="https://www.ubankruptcy.court.">www.ubankruptcy.court.</a> )  | \$  |    |  |  |
| 23  | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. |   |    |  |  |
|     |   | \$  |    |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle b. 1 as stated in Line 42  | \$  |    |  |  |
|     | b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a.                  | \$ |  |  |
| 24  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  |   |    |  |  |
|     | a. IRS Transportation Standards, Ownership Costs  | \$  |    |  |  |
|     | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  | \$  |    |  |  |
|     | c. Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a.                  | \$ |  |  |
| 25  | <b>Other Necessary Expenses: taxes.</b> Enter the total average monthly efederal, state and local taxes, other than real estate and sales taxes, state social security taxes, and Medicare taxes. <b>Do not include real estate</b>   | uch as income taxes, self employment taxes,   | \$ |  |  |
| 26  | Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as retirement  | contributions, union dues, and uniform        | •  |  |  |
|     | costs. Do not include discretionary amounts, such as voluntary 40   | DI(K) CONTRIDUTIONS.                          | \$ |  |  |

| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  | \$ |  |  |
|----|--|----|--|--|
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.   | \$ |  |  |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  | \$ |  |  |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  | \$ |  |  |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   | \$ |  |  |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually new for telecommunication services other than your basis home telephone and cell phone corriege, such as  |    |  |  |
| 33 | Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  | \$ |  |  |
|    | Subpart B: Additional Living Expense Deductions  |    |  |  |
|    | Note: Do not include any expenses that you have listed in Lines 19-32  |    |  |  |
|    | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  |    |  |  |
| 34 | a. Health Insurance \$   |    |  |  |
|    | b. Disability Insurance \$   |    |  |  |
|    | c. Health Savings Account \$   | \$ |  |  |
|    | Total and enter on Line 34.  |    |  |  |
|    | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  |    |  |  |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  |    |  |  |
| 36 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |    |  |  |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local   |    |  |  |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ |  |  |

 $<sup>^{*}</sup>$  Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| 39  | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |  |   | \$   |    |
|---|--|--|---|--|----|
| 40  |  | Enter the amount that you will contile organization as defined in 26 U.S.C.  |   | the form of cash                           | \$ |
| 41  | <b>Total Additional Expense Deduction</b>  | ons under § 707(b). Enter the total of   | Lines 34 through 40   |  | \$ |
|   |  | Subpart C: Deductions for Del  | bt Payment  |  |    |
| 42  | own, list the name of the creditor, ide<br>Payment, and check whether the payr<br>of all amounts scheduled as contractu  | s. For each of your debts that is secured entify the property securing the debt, and ment includes taxes or insurance. The alally due to each Secured Creditor in the fracessary, list additional entries on a 42.   | nd state the Average<br>Average Monthly Pay<br>ne 60 months following | Monthly ment is the total ng the filing of |    |
|   | Name of Creditor   | Property Securing the Debt   | Average Monthly<br>Payment  | Does payment include taxes or insurance?   |    |
|   | a.   |  | \$  | □yes □no                                   |    |
|   |  |  | Total: Add Lines  |  | \$ |
| 43  | payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Creditor  Property Securing the Debt  1/60th of the Cure Amount a. \$   |  |   |  |    |
| 44  |  | laims. Enter the total amount, divided y claims, for which you were liable at such as those set out in Line 28.  | by 60, of all priority  |  | \$ |
| 45  | a. Projected average monthly C b. Current multiplier for your d issued by the Executive Offic information is available at w the bankruptcy court.)   | s. If you are eligible to file a case under the amount in line b, and enter the research that the state of th | sulting administrativ   | ve expense.                                | \$ |
| 46  | <b>Total Deductions for Debt Paymen</b>  | <b>t.</b> Enter the total of Lines 42 through 4  | 5.  |  | \$ |
|   | Subpart D: Total Deductions from Income  |  |   |  |    |
| 47  | Total of all deductions allowed und  | er § 707(b)(2). Enter the total of Line  | s 33, 41, and 46.   |  | \$ |
| Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION |  |  |   |  |    |
| 48  | Enter the amount from Line 18 (Cu  | urrent monthly income for § 707(b)(2   | 2))   |  | \$ |
| 49  | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))  |  |   | \$   |    |
| 50  | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.   |  |   | \$   |    |
| 51  | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.   |  |   | r 60 and enter                             | \$ |

|   | Initial presumption determination. Check the applicable box and proceed as directed.  |   |                        |  |  |
|---|---|---|------------------------|--|--|
|   | ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. |   |                        |  |  |
| 52  |   | ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. |                        |  |  |
|   |   | •   |                        |  |  |
|   | ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. (55).  | Complete the remainder of Part V  | I (Lines 53 through    |  |  |
| 53  | Enter the amount of your total non-priority unsecured debt  |   | \$                     |  |  |
| 54  | Threshold debt payment amount. Multiply the amount in Line 53 by the numb   | per 0.25 and enter the result.  | \$                     |  |  |
|   | Secondary presumption determination. Check the applicable box and proceed   | as directed.  |                        |  |  |
| 55  | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box page 1 of this statement, and complete the verification in Part VIII.   | x for "The presumption does not a   | arise" at the top of   |  |  |
|   | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the  |   |                        |  |  |
|   | top of page 1 of this statement, and complete the verification in Part VIII. You r  | nay also complete Part VII.   |                        |  |  |
|   |   |   |                        |  |  |
|   | Part VII. ADDITIONAL EXPENSE  | CLAIMS  |                        |  |  |
| 56  | Other Expenses. List and describe any monthly expenses, not otherwise stated  | in this form, that are required for   | the health and welfare |  |  |
|   | of you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All   |   |                        |  |  |
|   | each item. Total the expenses.  | figures should reflect your average   | ge monuny expense for  |  |  |
|   |   |   |                        |  |  |
|   | Expense Description a.  | Monthly Amo   | unt                    |  |  |
|   | b.  | \$  |                        |  |  |
|   | c.  | \$  |                        |  |  |
|   | d.  | \$  |                        |  |  |
|   | Total: Add Lines a, b, c, and d   | \$  |                        |  |  |
|   | Part VIII. VERIFICATION   | 1   |                        |  |  |
| I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, debtors must sign.) |   |   |                        |  |  |
| 57  |   | re: _/s/ Thomas Eugene Hear   | n                      |  |  |
| ]   |   | Thomas Eugene Hearn   |                        |  |  |
|   | (Debtor)  |   |                        |  |  |
| 1   |   |   |                        |  |  |

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

# **United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)**

| In re | Thomas Eugene Hearn |           | Case No. |   |
|-------|---------------------|-----------|----------|---|
|       |                     | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$25,727.92 2010 YTD: Employment/Wages
\$42,181.37 2009: Employment/Wages
\$35,714.35 2008: Employment/Wages

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#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$3,500.00 2009: IRA Withdrawal

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts*. List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAID OR PAYMENTS/ VALUE OF TRANSFERS TRANSFERS

NAME AND ADDRESS OF CREDITOR

INE THE PROPERTY OF CREENING

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

AMOUNT STILL

OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Citibank SD NA
vs.
Hearns, Thomas E.
1203 Berkley St.
Durham, NC 27705
Case Number: 09CVD5806

PROCEEDING
Civil Summons
Complaint for
Money Owed

NATURE OF

COURT OR AGENCY
AND LOCATION
District Court Division
Durham County, North Carolina

STATUS OR DISPOSITION Judgment Awarded

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CAPTION OF SUIT NATURE OF AND CASE NUMBER **PROCEEDING** Chase Bank USA, N.A vs.

**Civil Summons** Complaint for **Money Owed** 

AND LOCATION DISPOSITION **District Court Division** 

Judgment **Durham County, North Carolina Pending** 

Thomas E. Hearns Case Number: 10CVS4025

FIA Card Services, N.A. f/k/a Bank of America VS.

**Civil Summons Complaint for** Money Owed

**District Court Division Durham County, North Carolina** 

COURT OR AGENCY

**Judgment** Pending

STATUS OR

**Thomas E Hearns** 

Case Number: 10CVD3854

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT

CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF **PROPERTY** 

#### 7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE Persels & Associates, LLC Post Office Box 729 Columbia, MD 21045 | DATE OF PAYMENT,<br>NAME OF PAYOR IF OTHER<br>THAN DEBTOR<br><b>06/2009 to 05/2010</b> | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$7,776.00 -\$648.00/Month) - Debt Consolidation  |
|--|--|--|
| Law Offices of John T. Orcutt<br>6616-203 Six Forks Road<br>Raleigh, NC 27615              | 06/01/10<br>06/23/10<br>07/02/10<br>07/08/10   | \$1,190.00 - Attorney Fee<br>\$299.00 - Filing Fee<br>\$10.00 - Credit Report Fee<br>\$10.00 - Judgment Search Fee<br>\$10.00 - Pacer Search Fee |
| Hummingbird Credit Counseling<br>3737 Glenwood Avenue<br>Suite 100<br>Raleigh, NC 27612    | 07/08/10   | \$42.00 - On-Line Credit<br>Counseling & Personal<br>Financial Mgmt Courses  |

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

RANSFER(S) IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

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#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

**ENVIRONMENTAL** LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF NOTICE

**ENVIRONMENTAL** 

LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

**BEGINNING AND** 

**ENDING DATES** 

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS** DATES SERVICES RENDERED None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement

was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

#### 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

NAME AND ADDRESS

TITLE

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

DATE OF TERMINATION

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

Inimediately preceding the commencement of this case.

23 . Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

#### NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | July 30, 2010 | Signature | /s/ Thomas Eugene Hearn |
|------|---------------|-----------|-------------------------|
|      |               | _         | Thomas Eugene Hearn     |
|      |               |           | Debtor                  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

# **United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)**

| In re | Thomas Eugene Hearn   |                        | Case No.          |      |
|-------|---|------------------------|-------------------|------|
|       |   | Debtor(s)              | Chapter           | 7    |
|       |   |                        |                   |      |
|       |   |                        |                   |      |
|       | <b>DECLARATION</b> 0  | CONCERNING DEBTO       | OR'S SCHEDUL      | ES   |
|       | DECLARATION UNDER   | PENALTY OF PERJURY B   | SY INDIVIDUAL DEF | BTOR |
|       | I declare under penalty of perjury sheets, and that they are true and o |                        |                   |      |
| Date  | July 30, 2010   | Signature /s/ Thomas E | ugene Hearn       |      |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Debtor

Thomas Eugene Hearn

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North Carolina Department of Revenue c/o NC Department of Justice Post Office Box 629 Raleigh, NC 27602-0629

North Carolina Employment Security Commission Post Office Box 26504 Raleigh, NC 27611

Credit Bureau Post Office Box 26140 Greensboro, NC 27402

NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006

Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241

Experian P.O. Box 2002 Allen, TX 75013-2002

Innovis Data Solutions Attn: Consumer Assistance P.O. Box 1534 Columbus, OH 43216-1534

Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000

ChexSystems Attn: Consumer Relations 7805 Hudson Road, Ste. 100 Woodbury, MN 55125

Internal Revenue Service (MD) \*\*
Post Office Box 21126
Philadelphia, PA 19114-0326

US Attorney's Office (MD)\*\*
Middle District
Post Office Box 1858
Greensboro, NC 27502-1858

Absolute Collection Service \*\* 421 Fayetteville Street Mall Suite 600 Raleigh, NC 27601

Amerinational Community Services Post Office Box 123 Downey, CA 90241

Bank of America Post Office Box 15026 Wilmington, DE 19850-5026

Bernhardt and Straswer, P.A. Attn: Tonya L. Urps 5821 Fairview Road, Suite 100 Charlotte, NC 28209

Bernhardt and Strawser, P.A. Attorneys at Law 5821 Fairview Rd, Suite 100 Charlotte, NC 28209

Chase \*\*\*\*
Cardmember Service
Post Office Box 15298
Wilmington, DE 19850-5298

Child Support Enforcement Post Office Box 20800 Raleigh, NC 27619-0800

Citi Card\*\*
Post Office Box 6500
Sioux Falls, SD 57117-6500

Credit Bureau of Greensboro\*\*
Post Office Box 26140
Greensboro, NC 27402-0040

Credit Financial Services Post Office Box 451 Durham, NC 27702-0451

Durham County Tax Collector Post Office Box 3397 Durham, NC 27701

Durham Emergency Physicians \*\* P.O. Box 15133 Durham, NC 27704-0133

Durham Regional Hospital Post Office Box 70841 Charlotte, NC 28272-0841

Employment Security Commission Attn: Benefit Payment Control Post Office Box 26504 Raleigh, NC 27611-6504

GEMB/JCP Post Office Box 103104 Roswell, GA 30076

Lynette Hearn 1203 Berkeley Street Durham, NC 27705

North Carolina Department of Revenue c/o Reginald S. Hinton Post Office Box 25000 Raleigh, NC 27640-5000

North Carolina Dept of Revenue\*\* Post Office Box 1168 Raleigh, NC 27602-1168

RoundPoint Mortgage Servicing Corp P.O. Box 19409 Charlotte, NC 28219-9409

Sallie Mae Financial \*\*
300 Continental Drive Ste. 1S
Newark, DE 19713-4339

Sears
Post Office Box 6924
The Lakes, NV 88901-6924

SunTrust
Recovery Department
Post Office Box 85041
Richmond, VA 23285-5041

# United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

| In re  | Thomas Eugene Hearn            |   | Case No.           |                         |
|--------|--------------------------------|---|--------------------|-------------------------|
|        |                                | Debtor(s)   | Chapter            | 7                       |
|        | VF                             | RIFICATION OF CREDITOR                              | MATRIX             |                         |
|        | V L                            | RIFICATION OF CREDITOR                              | 1717 1 1717        |                         |
| Γhe ab | ove-named Debtor hereby verifi | ies that the attached list of creditors is true and | correct to the bes | t of his/her knowledge. |
| Date:  | July 30, 2010                  | /s/ Thomas Eugene Hearn                             |                    |                         |
| 2      |                                | Thomas Eugene Hearn                                 |                    |                         |
|        |                                | Signature of Debtor                                 |                    |                         |